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FARMERS' OPINIONS ON EXPANSION OF HEALTH SERVICES

A few questions on health service for farmers were asked of 613 farmers in 32 widely-scattered counties. **

Summary

1. Over four-fifths of the farmers say they would favor an increase of public clinics.
2. Over three-fourths state they would like to participate in some flat-rate prepayment plan to cover the costs of their hospital bills, and to cover the costs of their doctor's and nurse's services.
3. Nearly half of the farmers report that they could not pay medical and hospital bills of \$500 without lowering their standard of living.

Public clinics

When public clinics were mentioned, most families thought of service rendered to children through the school clinics, to lower-income families at the county health office and to war veterans and their families. Perhaps most frequently the clinics are thought of as giving service to lower-income families, and the answers are based in large measure on that assumption.

* Distributed by National Activity Leader, Rural Health and Sanitation of the USDA Inter-bureau Committee on Post-war Programs.

** The 32 counties shown on the attached map are broadly representative of the major farming areas of the United States. In each county an effort was made, not always wholly successful, to interview representative rural families in proportion to their numbers in local income, tenure and ethnic groups.

TABLE 14

"Would you favor, or oppose, an increase of public clinics?"

	<u>Favor Percent</u>	<u>Oppose Percent</u>	<u>Undecided Percent</u>	<u>Number of Respondents</u>
Nation	83	7	10	613
Southeast Region	94	3	3	114
Southwest Region	88	5	7	97
Northern Plains Region	88	6	6	80
Appalachian Region	84	14	2	50
Midwest Region	79	7	14	66
Northeast Region	79	9	12	134
West Coast Region	69	6	25	72
Owners	80	8	12	410
Nonowners	92	3	5	203
Whites	82	7	11	535
Nonwhites*	95	3	2	78

Answers from all BAE Regions, owners and nonowners, whites and nonwhites, show marked majorities favoring an increase of public clinics, with the highest percentages generally in those BAE Regions with the least ability to pay for medical services, and in the lower-income nonowning and nonwhite groups as compared with the owners and whites. Even so, many of the large landowners and employers of farm labor favor clinics as a place where their workers may secure treatment and medical care. In general the informants did not think of public health clinics as replacing present means of private treatment, though some respondents did seem to assume that the number of physicians in the open country and small towns would likely continue to decline, and that health facilities, particularly in the more remote areas, would probably depend more and more on the availability of public clinics.

Prepayment plan to cover costs of hospital bills.

A majority of the farmers in every BAE Region and in the tenure and race groups, said they would like to participate in a flat-rate pre-payment plan to cover hospital bills.

* Tabulation by age did not show important differences in answers to this question.

TABLE 15

"Would you, or would you not, like to participate in some flat-rate prepayment plan to cover the costs of your hospital bills?"

	<u>Would Percent</u>	<u>Would not Percent</u>	<u>Undecided Percent</u>
Nation	79	12	9
Appalachian Region	90	8	2
Southeast Region	89	8	3
Southwest Region	89	8	3
Northeast Region	74	13	13
Northern Plains Region	71	16	13
West Coast Region	71	17	12
Midwest Region	65	14	21
Owners	74	14	12
Nonowners	88	8	4
Whites	77	13	10
Nonwhites	94	4	2

Prepayment plan to cover costs of doctor and nurse service

As will be seen by a hurried study of table 16 a clear majority of the farmers interviewed said they would like to participate in a flat-rate prepayment plan to cover the cost of doctor and nurse service.

TABLE 16

"Would you, or would you not, like to participate in some flat-rate prepayment plan to cover the costs of doctor and nurse service?"

	<u>Would Percent</u>	<u>Would not Percent</u>	<u>Undecided Percent</u>
Nation	77	13	10
Southeast Region	89	8	3
Southwest Region	86	11	3
Appalachian Region	82	12	6
Northeast Region	72	13	15
Northern Plains Region	70	16	14
West Coast Region	69	17	14
Midwest Region	65	15	20
Owners	73	15	12
Nonowners	85	9	6
Whites	74	14	12
Nonwhites*	92	5	3

* Tabulation by age did not show any important differences in answers to this question.

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The information and experience of the farmers in regard to prepayment plans for health service varied widely from one part of the country to another. In some counties in the Northeast and Midwest, the Farm Bureau or other local farmer organization had encouraged its members to join the Blue Cross Plan which provides hospital care for the prepayment of "a few cents a day"; in West Coast counties farmers know of the industrial health programs maintained in some war plants and shipyards; in the South and Southwest farmers in many counties know something about the county health associations maintained by FSA borrowers.

Besides these prepayment plans which arrange for contractual relationships between the prepayment families and specific doctors and hospitals, some farmers in counties all over the country have had experience with health insurance which provides for money payments in case of illness. These include both the policies of the large insurance companies, and such groups, for example, as the burial societies and sick benefit associations belonged to by many southern Negroes who receive from them small death claims and weekly sick benefits of a dollar or so.

While farmers with some knowledge of any of the present forms of health insurance were perhaps the most aware of the benefits of a prepayment plan, they were also most aware of some of the limitations associated with some of the policies. Some of the criticisms were: "They are too vague in their provisions as to what they do and do not cover." "We are simply not able to take up anything like that." "They do not afford protection to older people in proportion to cost." "With this mail-order insurance you have to be sick just like they want you to, or you can't get anything." A negro sharecropper in speaking of his local burial society put it this way: "Paying doctor bills is one of the hardest things we have to do. I sure wish some better way could be found to provide for the sick and to bury the dead."

It will be observed that the questions asked do not specify whether the prepayment health plans are to be public or private. Neither did most of the farmers raise this question. Of those who did raise the question, some said they would like to participate only if it "were not a Government program," while about an equal number said they would be interested only if it "were a Government program."

The answers to these two last questions and to the one on clinics perhaps do not mean as much in terms of a specific program as they do in showing consciousness of need, and a readiness to react favorably to proposals for an improvement in health facilities. Many have known the calamity of serious illness when there has been little money to pay the doctor. They know that rural people frequently have had to pay more than urban people for comparable medical treatment, because of their distance from doctors and hospitals. They fear that the further decline of physicians in the open country and small towns faces them with the necessity of using doctors from even greater distances, and that this means even more costly and less readily available medical care. A further consideration is the belief of many that their incomes will decline sometime after the war and that they will have less ability than at present to pay for medical services.

The ability to pay \$500 in medical and hospital bills

TABLE 17

"If some member of your family became seriously ill and incurred medical and hospital bills of \$500, could, or could not, the costs be met without lowering your standard of living?"

	<u>Could Percent</u>	<u>Could not Percent</u>	<u>Undecided Percent</u>
Nation	47	48	5
Northern Plains Region	70	20	10
Southwest Region	55	42	3
Midwest Region	54	38	8
West Coast Region	54	45	1
Northeast Region	48	51	1
Appalachian Region	36	64	-
Southeast Region	20	75	5
Owners	57	38	5
Nonowners	28	70	2
Whites	53	43	4
Nonwhites *	5	91	4

It will be observed that the BAE Regional differences of the percentage who said they could pay \$500 ranges from 70 in the Northern Plains to 20 in the Southeast. Note too the big differences between owners and non-owners,** and especially between whites and nonwhites.

The field notes that accompany the answers strongly suggest that some low-income farmers said they could pay \$500 because they have not yet raised their level of living to absorb their increased income of the last year or so and have a little cash surplus.

Many of the farmers with much larger incomes who report that they could now care for \$500 in medical and hospital fees, say emphatically that they could not have done so a few years back, nor do they think they will likely be able to pay so large an amount when the present wartime prosperity is over.

* Tabulations by age did not show important differences in answers to this question.

** As would be expected, wide variations between owners and nonowners appear among the answers from the various BAE Regions. For example, in the Southeast the percentages were 38 for owners, 9 for nonowners as compared with the Middle West where they were 57 for owners and 47 for nonowners.

